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Facsimile**Our File: 9-15652-2US****RECEIVED
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Number of pages including this cover sheet: **9**
Date: **December 18, 2007**
From: **Paul S. Sharpe**
Telephone: **(613) 780- 8676**
E-Mail: **psharpe@ogilvyrenault.com**

To	Company	City	Facsimile
<u>MAIL STOP ISSUE FEE</u> Examiner: Kuo Liang PENG Art Unit: 1712	United States Patent Office-Facsimile Centre	Alexandria, VA	571-273-8300

Re: **United States Patent Application No. 10/815,826**
Inventor(s): Len BALTOIU, et al.
Title: DRILLING FLUID

URGENT – Issue Fee due December 25, 2007

- Encls. 1) Cover letter (in duplicate) re: change in entity status and supplementary fees being paid together with issue fee;
2) Fee Transmittal Form PTO/SB/17 (in duplicate)
3) Issue Fee Transmittal Form PTOL-85 (in duplicate)

Barristers & Solicitors,
Patent Agents & Trade-mark Agents

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45 O'Connor Street
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December 18, 2007

Mail Stop ISSUE FEE

Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450
U.S.A.

Sir:

Re: United States Patent Application Serial No. 10/815,826
Filed: April 2, 2004
Title: DRILLING FLUID
Inventor(s): Len BALTOIU; Flori BALTOIU; Brent WARREN
Assignee: Q'Max Solutions Inc.
Our File: 9-15652-2US

In response to the Notice of Allowance mailed September 25, 2007, it has come to light that Applicant's status has changed from that of a small entity to a large entity on or about January 15, 2006. Accordingly, although the Request for Continued Examination Fee was paid at the large entity rate, no specific request to change the entity status was filed. Therefore, it is respectfully requested under C.F.R. § 1.28(c) that the fees paid subsequent to January 15, 2006 be supplemented to be commensurate with those of a large entity. Itemization of the deficiency paid and the amount owing is as follows:

<u>Fees Paid July 12, 2007</u>	<u>Current Fee</u>	<u>Deficiency Owed</u>
RCE Fee: \$790.00	\$810.00	<u>\$20.00</u>
	Total Owing: \$20.00	

In this respect, submitted herewith (in duplicate) is Fee Transmittal Form (PTO/SB/17) in the amount of **\$20.00**, together with a copy of this letter.

Applicant's additional applications are under review and fees will be expeditiously supplemented, if deemed necessary, under separate cover.

Barristers & Solicitors,
Patent Agents & Trade-mark Agents

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1981 McGill College Avenue
Montréal, Québec H3A 3C1
Canada

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Assistant Commissioner of Patents

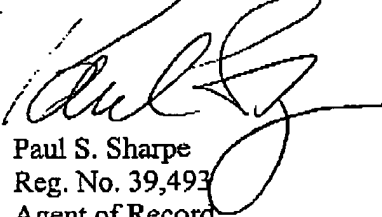
Further enclosed herewith is Issue Fee Transmittal Form PTOL-85 in duplicate. In view of the fact that Applicant now claims large entity status, the fees paid are being submitted at the large entity rate as follows:

Issue Fee:	\$1,440.00
Publication Fee:	\$300.00

The Commissioner is hereby authorized to charge the fees **totaling \$1,760.00 (deficiency owed, issue fee and publication fee)** and any additional fees which may be required, or credit any overpayment to our Deposit Account No. 19-5113.

Correspondence may be directed to **Paul Sharpe (Telephone: (613)780-8676)** at the Montreal address of Ogilvy Renault LLP.

Respectfully submitted,



Paul S. Sharpe
Reg. No. 39,493
Agent of Record
Telephone: (613)780-8676
PSS/sr
Encls.

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PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

20

Complete If Known

Application Number	10/815,826
Filing Date	April 2, 2004
First Named Inventor	Len BALTOIU
Examiner Name	Kuo Liang PENG
Art Unit	1712
Attorney Docket No.	9-15652-2US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account: Deposit Account Number: 19-5113 Deposit Account Name: OGILVY RENAULT LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (c.g., late filing surcharge): \$20 to supplement RCE fee paid July 12, 2007 to the current rate

\$20

SUBMITTED BY		Registration No.	Telephone
Signature		39,493	613-780-8678
Name (Print/Type)	Paul S. Sharpe	Date	Dec 18/07

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Assignee: Q'Max Solutions Inc.
Our File: 9-15652-2US

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Fax (514) 286-5474

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Assistant Commissioner of Patents

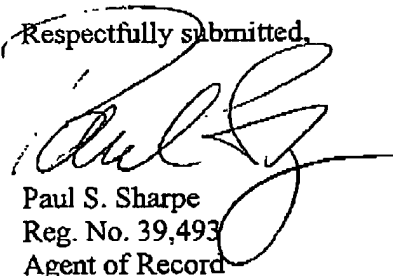
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Respectfully submitted,



Paul S. Sharpe
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PSS/sr
Encls.

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PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318). FEE TRANSMITTAL For FY 2008		Complete if Known Application Number 10/815,826 Filing Date April 2, 2004 First Named Inventor Ian BALTOIU Examiner Name Kuo Liang PENG Art Unit 1712 Attorney Docket No. 9-15652-2US	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	20	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account: Deposit Account Number: 19-5113 Deposit Account Name: OGILVY RENAULT LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)
 Each independent claim over 3 (including Reissues)
 Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
210	105
370	185

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 _____ - 20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20.
Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 _____ - 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims
Fee (\$) **Fee Paid (\$)**
 _____ _____

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SUBMITTED BY		Registration No.	Telephone
Signature		39,493 (Attorney/Agent)	613-780-8676
Name (Print/Type)	Paul S. Sharpe	Date	Dec 18/07

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